

ATTORNEY DOCKET NO. 05145.0008U1
ELECTRONIC FILING
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
Jayant et al.) Art Unit: 2621
)
Application No. 09/902,995) Examiner: Tung T. Vo
)
Filing Date: July 11, 2001) Confirmation No. 1924
)
For: SYSTEM AND METHOD FOR)
CALCULATING AN OPTIMUM)
DISPLAY SIZE FOR A VISUAL OBJECT)

TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Response to Office Action | <input checked="" type="checkbox"/> Request for Extension of Time |
| <input checked="" type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input type="checkbox"/> No Additional Fee Required | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Corrected Drawings | <input type="checkbox"/> Other _____ |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	51	51	0	X \$50.00		\$0.00
Independent Claims	5	5	0	X \$200.00		\$0.00
	<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00	\$0.00
EXTENSION FEE	1 st Month \$120 <input checked="" type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$120.00
	<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -					- \$60.00
	TOTAL FEE DUE					\$60.00

ATTORNEY DOCKET NO. 08182.0008U1
APPLICATION NO. 09/902,995

Payment:

- A check in the amount of \$ _____ is enclosed.
- Payment by credit card in the amount of \$60.00 for the fees designated below is attached
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ ___ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.

/Charley F. Brown #52,658/

Charley F. Brown
Registration No. 52,658

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
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